

FIRM OR COMPANY NAME

BUSINESS ADDRESS

DATE

Chief of Fire Prevention
Bureau of Fire Prevention
Fire Department
City of New York

Re: Certificate of Fitness for :

I, _____, am self employed.

I am the owner of _____

located at _____.

I have had _____ experience relative to the certificate for which I am applying.
(YEARS) (MONTHS)
and I am qualified to to operate same.

I consider myself physically able to perform these duties.

Signature of Owner

Must be Notarized